

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER	
Kevin C. Brathwaite		04-1542-G.M.S
DEFENDANT	TYPE OF PROCESS	
First Correctional Medical		civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
→	First Correctional Medical INC.	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
P.O. Box 69370 ORO, VALLEY, AZ. 85737		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> Kevin C. Brathwaite 1181 Paddock Rd. Smyrna De. 19977		
<input type="checkbox"/> Number of process to be served with this Form - 285 / <input type="checkbox"/> Number of parties to be served in this case 27 <input type="checkbox"/> Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

~~ATTN: GINA WOLKEN~~  
First Correctional Medical INC  
1181 Paddock Rd.  
Smyrna De. 19977

Signature of Attorney or other Originator requesting service on behalf of:

Kevin Brathwaite

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	NA	5-5-04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	FILED		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)	NOV - 8 2005		Date of Service	Time am pm		
U.S. DISTRICT COURT			Signature of U.S. Marshal or Deputy			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

## REMARKS:

1/4 business no longer @ 1575 McKee Rd, Dover, DE *RR*